

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

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Weekly Respiratory Illness Report – Escambia County, 2013 - 2014

CDC Week 9: February 23 - March 1, 2014

Summary

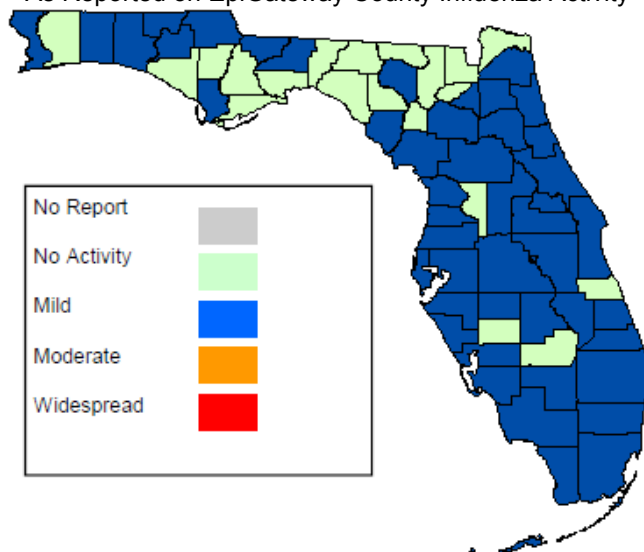
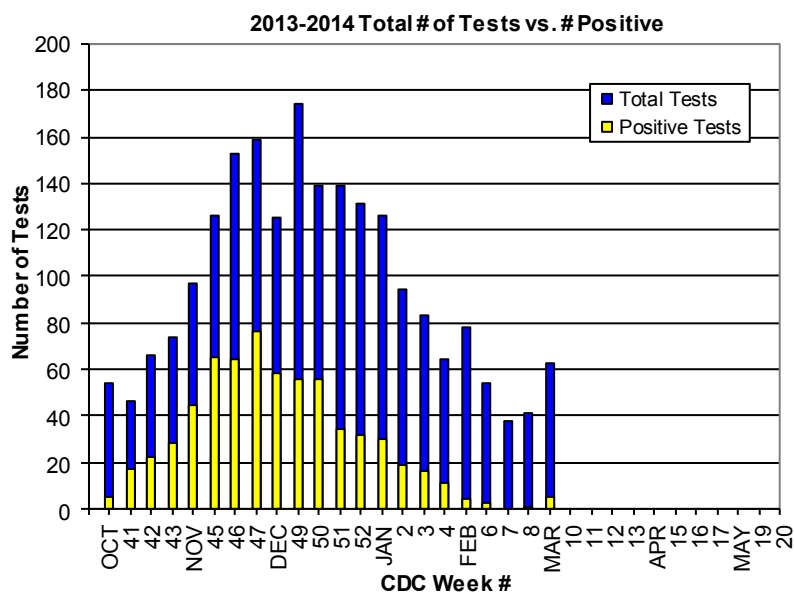
This report summarizes influenza activity in Escambia County as reported by participating laboratories and Sentinel Physicians during the week of February 23 – March 1, 2014. This week, four (4) hospital laboratories reported their weekly numbers and percentages of positive rapid flu tests. Four (4) physicians reported their weekly numbers in the Florida Outpatient Sentinel Physician Influenza-like Illness Surveillance Network (ILINet) for Escambia County for week 9.

Influenza Like Illness Surveillance - Florida ILINet

During the week ending March 1, 2014, Escambia County Sentinel Physicians reported seeing 16 cases of influenza-like illness (ILI) out of a total 1055 patients seen ($16/1055 = 1.52\%$). Since September 29, 2013 (CDC Week 40), 17 specimens have been submitted for laboratory testing by the sentinel physicians and 9 have tested positive ($9/17 = 52.94\%$); 9 for A H1N1. The percentage of patient visits for ILI from statewide sentinel physicians was $313/19259 = 1.63\%$ (number of ILI divided by total patients seen). See map below for distribution of ILI activity statewide as reported by Florida ILINet county flu activity codes for week 9.

Statewide ILI Activity - Week 9

As Reported on EpiGateway County Influenza Activity

**Number Positive RSV Tests in Escambia County - Week 9****Respiratory Syncytial Virus (RSV)**

RSV infections usually occur during the late fall, winter, or early spring months (CDC). The graph above features the number of positive RSV cases (yellow) compared to the total number of RSV tests (blue) in Escambia County for 2013-14 reported by four (4) hospital laboratories. During week 9, 5 positive RSV tests were reported out of 63 tests performed (7.94% positive).

Influenza Laboratory Surveillance

Hospitals in Escambia County routinely use either rapid antigen tests or PCR testing to diagnose and differentiate influenza A and B in clinical specimens. Sacred Heart hospital uses PCR testing; the other laboratories use rapid antigen testing. Out of 194 tests performed during week 9, 4 were positive (2.06% positive); 4 were Influenza A and 0 were Influenza B.

Florida Department of Health

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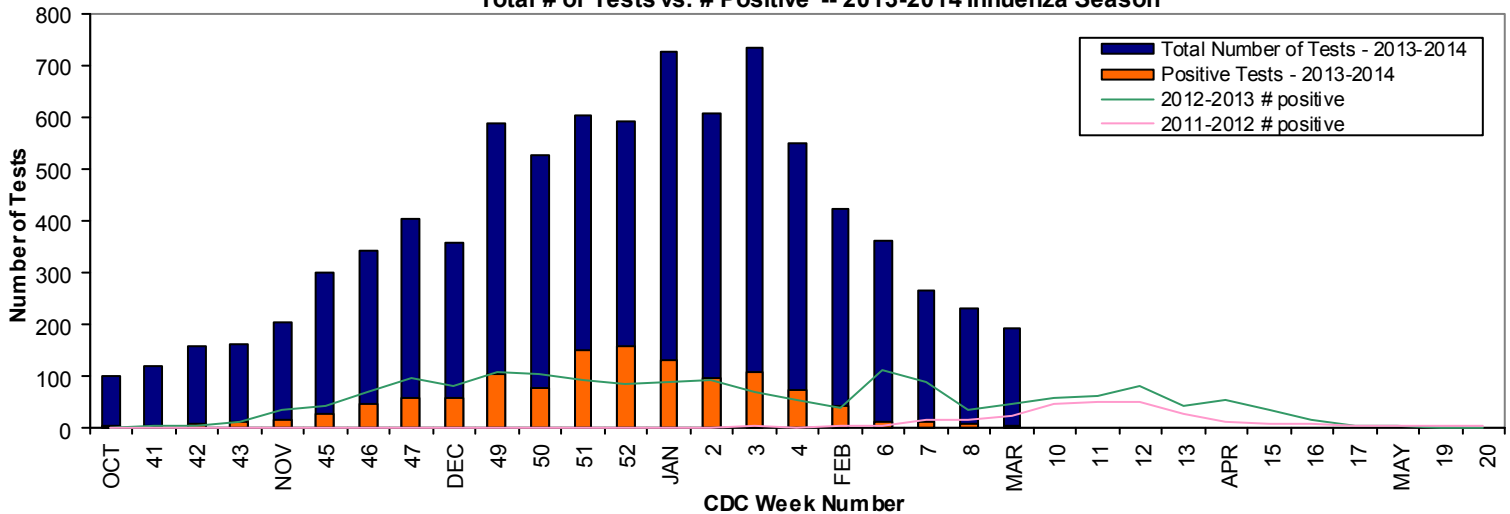


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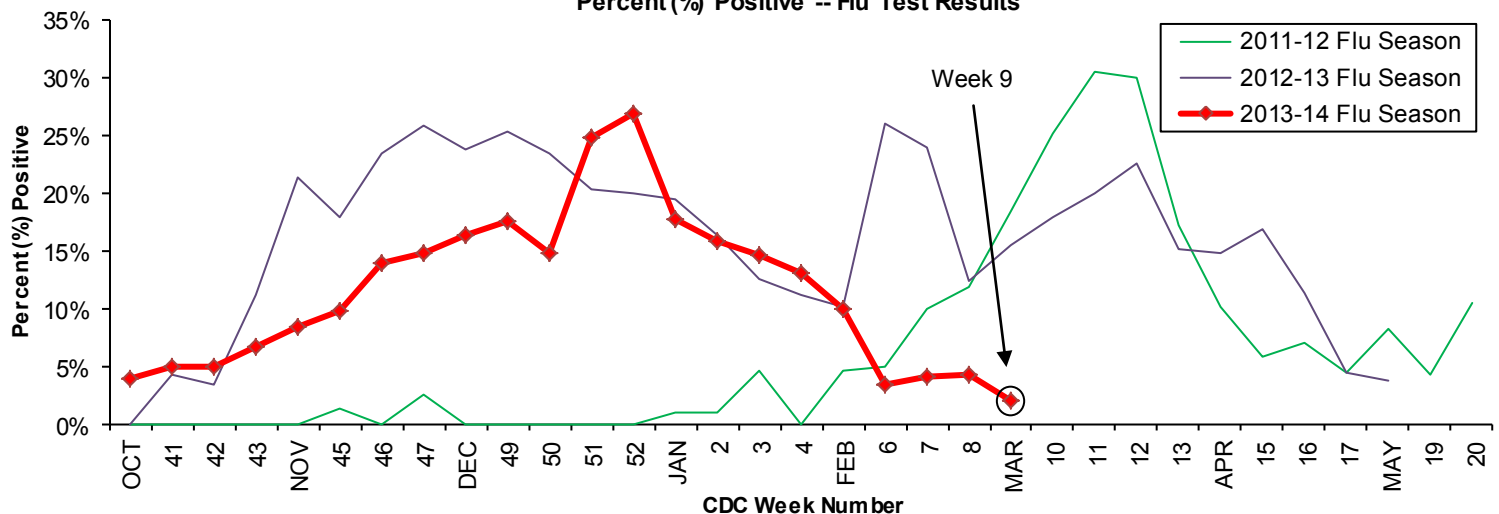
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Total # of Tests vs. # Positive -- 2013-2014 Influenza Season



Percent (%) Positive -- Flu Test Results

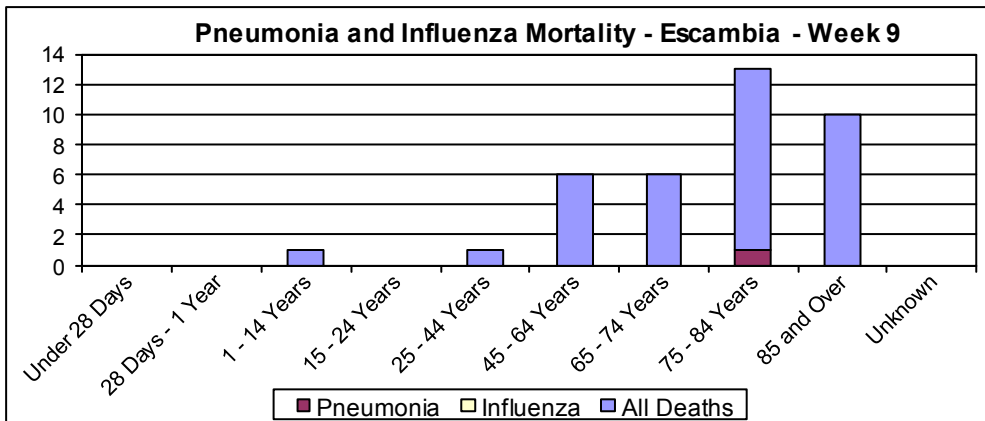


Escambia County Pneumonia and Influenza Mortality for Week 9, ending March 1, 2014

During the week ending March 1, zero (0) deaths in an Escambia County resident were attributed to influenza, and two (2) deaths were attributed to pneumonia.

***Note: All pediatric influenza mortality cases < 19 years of age are reportable to the state**

Pneumonia and Influenza Mortality - Escambia - Week 9



	Week 9	Season Total
Total Deaths	36	1279
Pneumonia Deaths	1	54
Influenza Deaths	0	5

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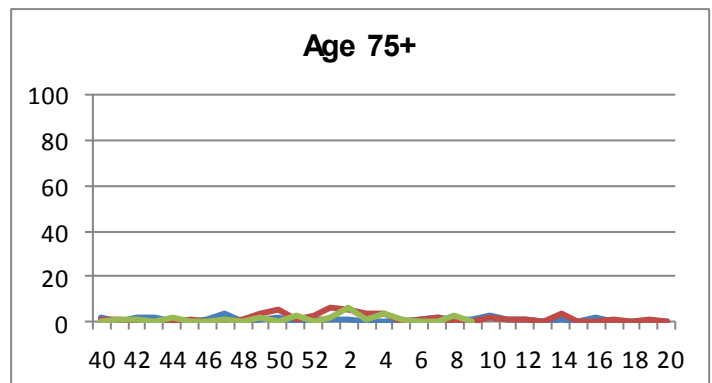
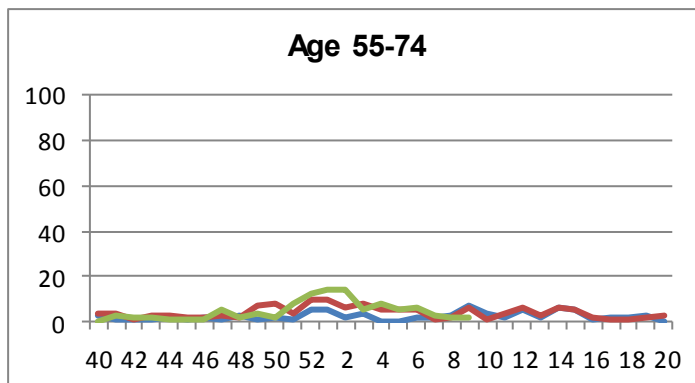
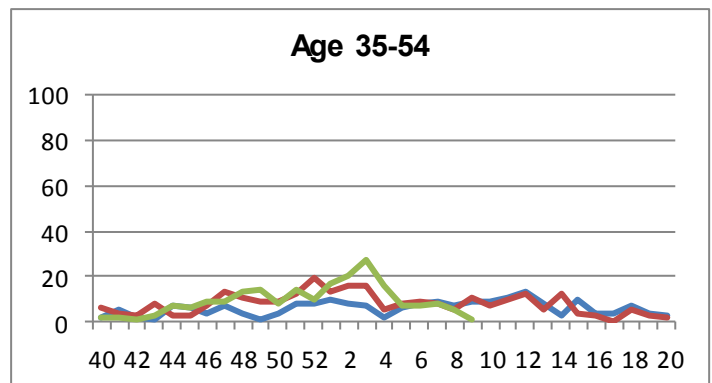
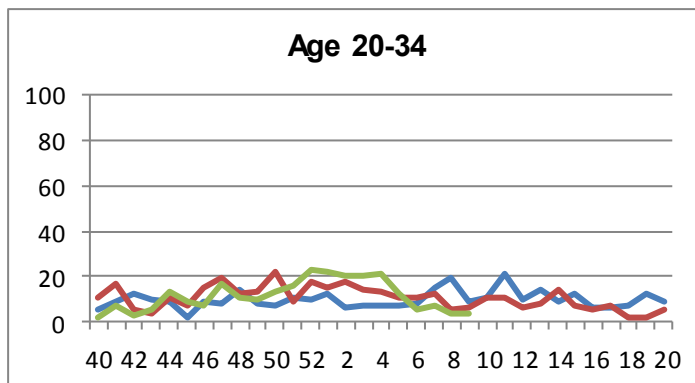
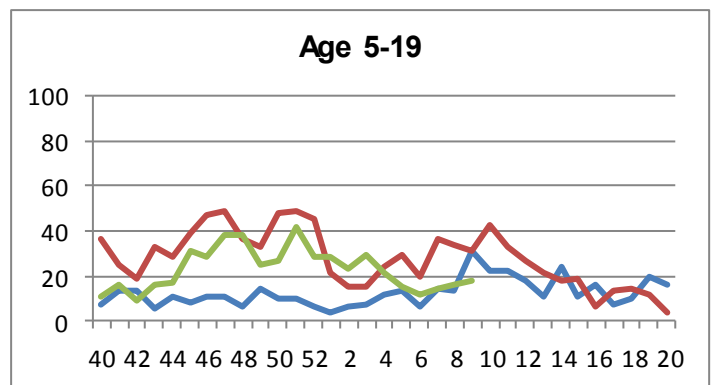
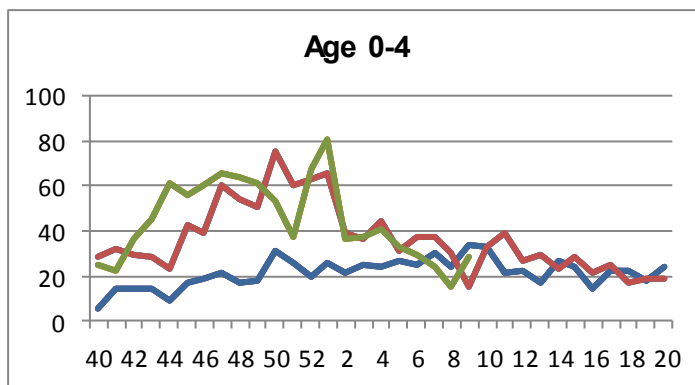
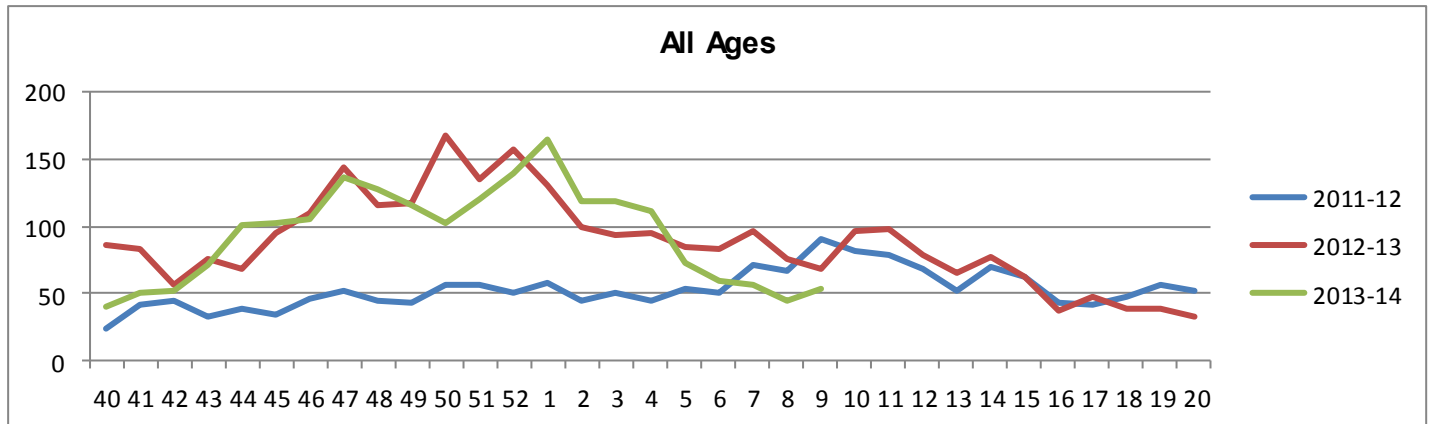


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Influenza-Like Illness (ILI) Emergency Department visits from two (2) Escambia hospitals.



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Florida Flu Review - Summary: Week 9

Summary:

The Florida Department of Health (FDOH) monitors multiple surveillance systems such as the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), the Florida Pneumonia and Influenza Mortality Surveillance System (FPIMSS), notifiable disease reports (Merlin), EpiCom, and Florida ILINet in order to track influenza activity in the state.

State:

Week 9 State Influenza Activity: Local

- **This season the FDOH has received reports of severe influenza illness, including hospitalizations requiring intensive care unit (ICU) care, among pregnant women.**
 - None of these women had received the 2013-2014 influenza vaccine.
- **Most Florida counties reported mild influenza activity.** In week 9, 40 counties reported decreasing influenza activity; 24 counties indicated activity is at a plateau
- **Emergency department (ED) and urgent care center (UCC) ILI visits have decreased in recent weeks and is as expected for this time of year; preliminary data suggest that the influenza season has peaked.**
 - While activity statewide is generally decreasing, those at high risk for infection, such as pregnant women are among those presenting to EDs and UCCs for care.
 - Pregnant women are among those at high risk for severe complications due to influenza infection. More information can be found here: <http://www.floridahealth.gov/diseases-and-conditions/influenza/documents/2013/flu-fact-sheet-pregnant-women.pdf>.
- **In Florida, the most common influenza subtype detected at the Bureau of Public Health Laboratories (BPHL) in recent weeks has been **influenza A (2009 H1N1)**.**
 - In week 9, 16 of 31 specimens submitted for influenza testing at BPHL tested PCR positive for influenza. Eight were PCR positive for influenza A (2009 H1N1), two were PCR positive for influenza A (H3), one was positive for influenza A unspecified and five were PCR positive for influenza B. All of these are seasonal strains of influenza.
 - Nationally (including Florida), almost all circulating influenza is a good match for the vaccine.
- **No influenza or ILI outbreaks (epidemiologically-linked cases of influenza in a single setting) were reported in week 9.**
- **No pediatric influenza-associated deaths were reported in week 9.** Three pediatric influenza-associated deaths have been reported in the 2013-2014 season.
- **The preliminary estimated number of Florida deaths due to pneumonia or influenza in week 8 is lower than the seasonal baseline, based on previous years' data.** Estimated deaths due to pneumonia and influenza are identified using preliminary death certificate data.
- **Because of local influenza activity in some areas of the state, Florida reported local influenza activity to CDC in week 9.** This activity level represents the geographic spread of influenza in Florida.

Novel Influenza:

- **The first case of influenza A (H5N1) in the Americas was confirmed in a Canadian traveler who later died.** The H5N1 strain originates from influenza that circulates in birds. No sustained human to human transmission has been identified. More information can be found here: <http://www.cdc.gov/flu/avianflu/h5n1-people.htm>
- **No cases of influenza A (H5N1) have been detected in the United States or Florida.**
- For current information on novel or pandemic strains of influenza (including avian or swine origin influenza A) visit <http://www.floridahealth.gov/diseases-and-conditions/diseases-from-animals/novel-influenza-viruses.html>.

State Weekly Influenza Summary

<http://www.floridahealth.gov/diseases-and-conditions/influenza/index.html>

CDC Influenza Summary

<http://www.cdc.gov/flu/weekly/fluactivity.htm>

Escambia County Weekly Respiratory Reports

http://www.escambiahealth.com/epi/seasonal_flu/

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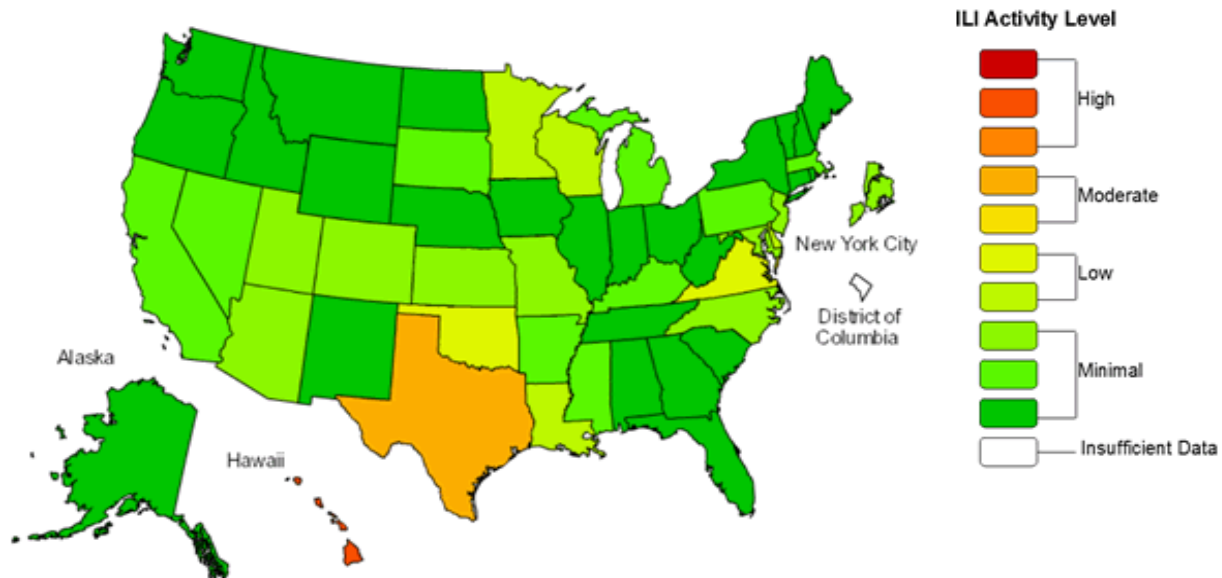
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**Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2013-14 Influenza Season Week 9 ending Mar 01, 2014**



During week 9, the following ILI activity levels were experienced:

- One state experienced high ILI activity (Hawaii).
- One state experienced moderate ILI activity (Texas).
- Six states experienced low ILI activity (Delaware, Louisiana, Minnesota, Oklahoma, Virginia, and Wisconsin).
- Forty-two states and New York City experienced minimal ILI activity (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, and Wyoming).
- Data were insufficient to calculate an ILI activity level from the District of Columbia.